

# Peoria Housing Authority

*Moving Families Forward*

**FOR ALL CHANGES REQUESTED – PLEASE READ THIS NOTICE**

Dear HCV Client,

By completing the Interim Change Packet, you are requesting a change in your circumstances. In order for the PHA to process your request in a timely manner you must complete the attached packet with your current information and **submit all supporting documentation** when returning this packet. If you do not have the information with you today you may take the form with you and return it with all supporting documentation. Please allow 30 days for the processing of this change.

## Employment Verification

You must submit a letter from your employer on company letterhead stating your last day of employment. If you are receiving unemployment, you must submit the statement from the IDES.

If your employment is new employment, you must submit a letter from the employer on company letterhead stating your start date, the number of hours you will work per week and the hourly rate of pay **or** once you receive 3 check stubs you must submit them to our office.

## Change in Work Hours

You must submit a letter from the employer on company letterhead stating the change in your hours and how long the change is expected to last **or** provide 3-6 paycheck stubs to support the change (increase or decrease) that is being reported.

## Change in Benefits

You must submit a notice from the agency including the date and amount of the change or loss of benefits.

If the change of income results in Zero income you must also complete a Zero Income Packet and submit with this current information packet.

## Change in Family Size

If removing an individual from your household you must submit the following:

A written statement from the individual that is being removed and proof of the address where they now reside (ex. Photo ID, Executed Lease, or utility bill).



100 S. Richard Pryor Place • Peoria, IL 61605 • Tel: 309-676-8736 • TTY: 309-674-0849  
Fax: 309-676-0291 • <http://peoriahousing.org/>



Adding and individual to your household you must submit the following:

1. An authorized letter from your current landlord listing the name of the individual you are requesting to be added
2. If the individual is 18 years of age or older they must complete an 18 years old/older packet. Please ask the receptionist for this packet.
3. Copy of Social Security Card and Birth Certificate for the individual you are requesting to be added. A valid government issued I.D. for individuals 18 years of age or older.
4. Proof of income and/or adult student information for the individual you are requesting to be added.
5. If they are not working, a Zero Income Packet will be required for that individual.

Please note the person you are requesting to add to your household will be subject to all background checks and income guidelines.

### Student Status

If you have a child who is over the age of 18 and a full time student and you would like to receive a dependent deduction for them you must submit a current school schedule and financial aid information.

We greatly appreciate your cooperation in providing the necessary information so your request can be processed in a timely manner.

Sincerely,

HCV Leasing Specialist

**PLEASE REMEMBER TO SUBMIT ALL NECESSARY DOCUMENTATION WITH THIS CHANGE REQUEST!!**

# Peoria Housing Authority

*Moving Families Forward*

RESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHANGE REPORTED: \_\_\_\_\_

1. Family Composition:

a. Adding (Name): \_\_\_\_\_

i. Date of Birth: \_\_\_\_\_

ii. Social Security Number: \_\_\_\_\_

iii. Income of New Person: \_\_\_\_\_

b. Removing (Name): \_\_\_\_\_

(Signature needed if adult is being removed)

Reason for Removal: \_\_\_\_\_

\_\_\_\_\_

2. Income

a. Increase:

Name of Income Source: \_\_\_\_\_

Amount of Increase: Hourly: \_\_\_\_\_ Weekly: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

b. Decrease:

Name of Income Source: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

PHA Staff Signature: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

# Peoria Housing Authority

*Moving Families Forward*

## NO INCOME CERTIFICATION

Under the guidelines required by the Department of Housing and Urban Development, you are required to report all sources of income to the Housing Authority, intentional falsification of information is punishable under federal law including eviction from Housing Choice Voucher Program, fines, and imprisonment.

Your signature below certifies you have reported to the Peoria Housing Authority that you are not receiving any source of income from any source at this time. You further understand that you must report any and all income sources to the Housing Authority within 10 days of receipt.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Representative Signature

\_\_\_\_\_  
Date

**\*Please note if you are signing this form you will need to complete the ZERO INCOME QUESTIONNAIRE.\***

# Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing  
and Urban Development

Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

PHA requesting release of information: **(Cross out space if none)**

IHA requesting release of information: **(Cross out space if none)**

**Peoria Housing Authority**

**HCV/Section 8 Department**

**100 S. Richard Pryor Pl.**

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the

household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing Turnkey III  
Homeownership Opportunities Mutual Help  
Homeownership Opportunity Section 23 and  
19(c) leased housing Section 23 Housing  
Assistance Payments HA-owned rental Indian  
housing  
Section 8 Rental Certificate Section 8  
Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

---

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

|  |       |                                 |       |
|--|-------|---------------------------------|-------|
| _____  | _____ | _____                           | _____ |
| Head of Household                                    | Date  |                                 |       |
| _____  | _____ | _____                           | _____ |
| Social Security Number (if any) of Head of Household |       | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Spouse   | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |
| _____  | _____ | _____                           | _____ |
| Other Family Member over age 18                      | Date  | Other Family Member over age 18 | Date  |

---

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

---

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.